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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration Submitted with Initial Filing

OR

Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

| | |
|------------------------|--------------------|
| Attorney Docket Number | SEAG 48089 |
| First Named Inventor | Michael A. Seigler |
| COMPLETE IF KNOWN | |
| Application Number | / |
| Filing Date | |
| Group Art Unit | |
| Examiner Name | |

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

METHOD FOR MAKING A MAGNETORESISTIVE SENSOR

(Title of the Invention)

the specification of which

 is attached hereto

OR

 was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

| Prior Foreign Application Number(s) | Country | Foreign Filing Date (MM/DD/YYYY) | Priority Not Claimed | Certified Copy Attached? YES | Certified Copy Attached? NO |
|-------------------------------------|---------|----------------------------------|--|--|--|
| | | | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |

 Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20591.

DECLARATION — Utility or Design Patent Application

Direct all correspondence to: Customer Number
or Bar Code Label OR Correspondence address below

Name **Robert P. Lenart, Esquire**

Address **Pietragallo, Bosick & Gordon
One Oxford Centre, 38th Floor, 301 Grant Street**

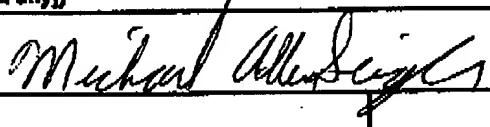
| | | | | | |
|------|------------|-------|----|-----|-------|
| City | Pittsburgh | State | PA | ZIP | 15219 |
|------|------------|-------|----|-----|-------|

| | | | | | |
|---------|----|-----------|--------------|-----|--------------|
| Country | US | Telephone | 412-263-4399 | Fax | 412-261-0915 |
|---------|----|-----------|--------------|-----|--------------|

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR: A petition has been filed for this unsigned inventor

| | | | |
|---|---------------|---------------------------|---------|
| Given Name (first and middle [if any]) | Michael Allen | Family Name or Surname | Seigler |
|---|---------------|---------------------------|---------|

| | | | |
|-------------------------|---|------|---------|
| Inventor's Signature |  | Date | 7/25/01 |
|-------------------------|---|------|---------|

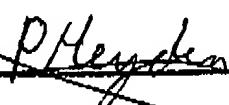
| | | | | | | | |
|-----------------|------------|-------|----|---------|----|-------------|----|
| Residence: City | Pittsburgh | State | PA | Country | US | Citizenship | US |
|-----------------|------------|-------|----|---------|----|-------------|----|

Mailing Address **427 Arden Road**

| | | | | | | | |
|------|------------|-------|----|-----|-------|---------|----|
| City | Pittsburgh | State | PA | ZIP | 15216 | Country | US |
|------|------------|-------|----|-----|-------|---------|----|

NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor

| | | | |
|---|-----------------|---------------------------|-----------------|
| Given Name (first and middle [if any]) | Petrus Antonius | Family Name or Surname | Van Der Heijden |
|---|-----------------|---------------------------|-----------------|

| | | | |
|-------------------------|---|------|---------|
| Inventor's Signature |  | Date | 7/25/01 |
|-------------------------|---|------|---------|

| | | | | | | | |
|-----------------|-----------------|-------|----|---------|----|-------------|-------------|
| Residence: City | Jefferson Hills | State | PA | Country | US | Citizenship | Netherlands |
|-----------------|-----------------|-------|----|---------|----|-------------|-------------|

Mailing Address **1370 Village Green Drive**

| | | | | | | | |
|------|-----------------|-------|----|-----|-------|---------|----|
| City | Jefferson Hills | State | PA | ZIP | 15025 | Country | UA |
|------|-----------------|-------|----|-----|-------|---------|----|

Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

Please type a plus sign (+) inside this box →

PTO/SB/02A (11-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 1 of 1

| | | | |
|--|---|---|--------------|
| Name of Additional Joint Inventor, if any: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle [if any]) | | Family Name or Surname | |
| Andrew Robert | | Eckert | |
| Inventor's Signature |  | | Date 7-25-01 |
| Residence: City | Pittsburgh | State | PA |
| Country | US | Citizenship | US |
| Mailing Address 125 Calmont Drive | | | |
| Mailing Address | | | |
| City | Pittsburgh | State | PA |
| ZIP | 15235 | Country | US |
| Name of Additional Joint Inventor, if any: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle [if any]) | | Family Name or Surname | |
| | | | |
| Inventor's Signature | | | Date |
| Residence: City | | State | |
| Country | | Citizenship | |
| Mailing Address | | | |
| Mailing Address | | | |
| City | | State | |
| ZIP | | Country | |
| Name of Additional Joint Inventor, if any: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle [if any]) | | Family Name or Surname | |
| | | | |
| Inventor's Signature | | | Date |
| Residence: City | | State | |
| Country | | Citizenship | |
| Mailing Address | | | |
| Mailing Address | | | |
| City | | State | |
| ZIP | | Country | |

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Please type a plus sign (+) inside this box → +

PTO/SB/81 (02-01)

Approved for use through 10/31/2002, OMB 0651-0036
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
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POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

| | |
|------------------------|-----------------------|
| Application Number | |
| Filing Date | |
| First Named Inventor | Michael Allen Seigler |
| Title | METHOD FOR MAKING A * |
| Group Art Unit | |
| Examiner Name | |
| Attorney Docket Number | SEAG 48089 |

* MAGNETORESISTIVE SENSOR

I hereby appoint:

Practitioners at Customer Number

29694

Place Customer
Number Bar Code
Label here

OR

Practitioner(s) named below:

| Name | Registration Number |
|-----------------|---------------------|
| Carol L. Bordas | 37,284 |
| | |
| | |
| | |

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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| | | | | |
|--|---|-------|--------------|-----------|
| <input checked="" type="checkbox"/> Firm or Individual Name | Robert P. Lenart | | | |
| Address | Pietragallo, Bosick & Gordon | | | |
| Address | One Oxford Centre, 38th Floor, 301 Grant Street | | | |
| City | Pittsburgh | State | PA | Zip 15219 |
| Country | US | | | |
| Telephone | 412-263-4399 | Fax | 412-261-0915 | |

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

| | |
|-----------|------------------------------|
| Name | Michael Allen Seigler |
| Signature | <i>Michael Allen Seigler</i> |
| Date | 7-25-01 |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

Total of 3 forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on

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PTO/SB/81 (03-01)

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POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

| | |
|------------------------|-----------------------|
| Application Number | |
| Filing Date | |
| First Named Inventor | Michael Allen Seigler |
| Title | METHOD FOR MAKING A * |
| Group Art Unit | |
| Examiner Name | |
| Attorney Docket Number | SEAG 48089 |

* MAGNETORESISTIVE SENSOR

I hereby appoint:

Practitioners at Customer Number

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Practitioner(s) named below:

| Name | Registration Number |
|-----------------|---------------------|
| Carol I. Bordas | 37,284 |
| | |
| | |
| | |

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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OR

Firm or
Individual Name

Robert P. Lenart

Address

Pietragallo, Bosick & Gordon

Address

One Oxford Centre, 38th Floor, 301 Grant Street

City

Pittsburgh

State

PA

Zip

15219

Country

US

Telephone

412-263-4399

Fax

412-261-0915

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name

Petrus Antonius Van Der Heijden

Signature

Date

7/25/01

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

Total of 3 forms are submitted.

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PTO/SB/81 (02-01)

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| Application Number | |
| Filing Date | |
| First Named Inventor | Michael Allen Seigler |
| Title | METHOD FOR MAKING A * |
| Group Art Unit | |
| Examiner Name | |
| Attorney Docket Number | SEAG 48089 |

* MAGNETORESISTIVE SENSOR

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OR

Practitioner(s) named below:

| Name | Registration Number |
|-----------------|---------------------|
| Carol I. Bordas | 37,284 |
| | |
| | |
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as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

The above-mentioned Customer Number.

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Practitioners at Customer Number

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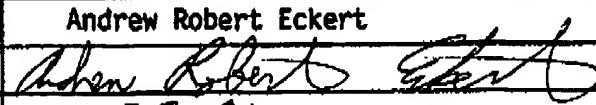
| | | | | |
|--|---|-----|--------------|--|
| <input checked="" type="checkbox"/> Firm or individual Name | Robert P. Lenart | | | |
| Address | Pietragallo, Bosick & Gordon | | | |
| Address | One Oxford Centre, 38th Floor, 301 Grant Street | | | |
| City | Pittsburgh State PA Zip 15219 | | | |
| Country | US | | | |
| Telephone | 412-263-4399 | Fax | 412-261-0915 | |

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Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

| | |
|-----------|--|
| Name | Andrew Robert Eckert |
| Signature |  |
| Date | 7-25-01 |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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